# Bloodborne Pathogens Written Program

**MBAA Safety Committee**

**Bloodborne Pathogens Employee Protection and Exposure Control Plan**

**Purpose**

The purpose of this plan is to establish a program and procedures for employee protection from bloodborne pathogens at (INSERT COMPANY NAME).

This plan supports compliance with Occupational Safety And Health Administration 29 CFR 1910.1030 on bloodborne pathogens.

This plan applies to all company employees.

**Definitions**

*Bloodborne Pathogens:* Microorganisms that are present in human blood and body fluids and can cause diseases in humans. These pathogens include Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

*Exposure Incident:* A situation in which an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact.

*Nonintact Skin:* Skin that has cuts, abrasions or other openings through which bloodborne pathogens can enter the bloodstream.

*Occupational Exposure:* Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from performing an employee’s duties. This contact includes specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact.

*Source Individual:* Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

*Universal Precautions:* An approach to infection control, in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

**Responsibilities**

*The Program Administrator:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and/or Job Title*

This person is responsible for these tasks:

• Issuing and administering this plan and making sure that it satisfies the requirements of all applicable federal, state and local bloodborne pathogens regulations

• Identifying which employees are likely to be exposed to bloodborne pathogens

• Developing procedures for postexposure incidents

• Maintaining medical records of exposure incidents, training records and hepatitis vaccinations

• Completing exposure incident reports and notifying affected individuals

• Evaluating and updating the program annually

• Training employees annually

• Inspects and maintains sharp disposal containers to prevent overfilling.

*First Aid Providers:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Names and/or Job Title(s)*

These people are responsible for these tasks:

• Using Universal Precautions in all situations that involve exposure to blood and other body fluids

• Informing the program administrator of all exposure incidents

**Program Activities**

*Determination Of Exposure*

• Below is a list of job classifications in which all employees have the potential for an occupational exposure.

**Job Title Department/Location**

(Ex: Lab Technician) (Ex: QA/QC Lab)

• Below is a list of job classifications in which only some employees have the potential for an occupational exposure.

**Job Title Department/Location Task / Procedure**

(Ex: Housekeeper) (Ex: Various) (Ex: Handling regulated waste)

*Universal Precautions*

Universal precautions will be used at (INSERT COMPANY/SITE NAME) to prevent contact with blood or other potentially infectious material. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

*Exposure Control Plan*

Employees covered by this bloodborne pathogens program will receive an explanation of this exposure control plan (ECP) during their initial training. This program will also be reviewed in annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department).

*Engineering Controls and Work Practices*

Engineering controls and work practices will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure potentials remain after implementation of these controls, personal protective equipment shall also be utilized. The specific engineering controls and work practice controls used are listed below:



*(Continue List as Needed)*

This facility identifies the need for changes in engineering controls and work practices through: (examples: review of OSHA records, employee interviews, committee activities, etc.)

This facility evaluates new procedures and new products by: (describe the process, literature reviewed, supplier info, products considered, etc.)

*Personal Protective Equipment (PPE)*

• Employees will be provided with PPE at no cost.

• PPE will be removed before leaving the work area or after a garment becomes contaminated.

• Wash hands immediately or as soon as feasible after removing gloves or other PPE.

• Used PPE will be placed in designated containers.

• Gloves will be worn when the employee may have contact with blood or other potentially infectious materials.

• Gloves will be replaced if torn, punctured or contaminated.

• Utility gloves will be decontaminated for reuse if they are not torn or cracked.

• Decontaminated disposable gloves will never be reused.

• Appropriate face and eye protection will be worn when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose or mouth.

• Appropriate protective body covering will be worn when occupational exposure is anticipated.

*Housekeeping*

• All equipment and work surfaces that have been contaminated with blood or other potentially infectious materials will be cleaned and decontaminated with an appropriate disinfectant.

• Tongs, forceps or a brush and dust pan shall be used to pick up contaminated broken glass.

• All infectious waste will be placed in red-colored plastic bags for disposal.

• Contaminated sharps will be discarded in containers that are closeable and puncture resistant. The containers will then be discarded into red-colored plastic bags.

• All regulated waste will be discarded according to federal, state and local regulations.

*Labeling*

• All infectious waste containers will be labeled with a biohazard symbol and the word *biohazard.*

• Employees should notify (INSERT POSITION TITLE) if they discover regulated waste containers or contaminated equipment without proper labels.

*HBV Pre-Exposure Program*

• The Hepatitis B vaccine and vaccination series will be offered within 10 working days of initial assignment to employees who have occupational exposure.

• The vaccine and vaccinations, as well as all medical evaluations and follow-up, will be made available to employees during work hours at no cost.

• Vaccinations will be administered according to current recommendations of the U.S. Public Health Service.

• Each employee who declines the vaccination will sign a declination form. (The vaccination will still be available to the employee at a later date and at no cost if he or she continues to have the potential for exposure in the workplace.)

*HBV Postexposure Program*

• Company postexposure procedures will be followed for any employee who is not initially identified as occupationally exposed but who voluntarily or inadvertently becomes exposed in the workplace.

• The HBV vaccine will be administered within 24 hours of any reported exposure incident.

*Exposure Incident Procedure*

• The routes of exposure and how exposure occurred will be documented.

• The source individual will be identified and documented.

• If consent is given, the source individual’s blood will be tested and documented as soon as possible to determine HIV, HBV and HCV infectivity.

• The exposed employee will be provided with the source individual’s test results and information about applicable laws and regulations concerning source identity.

• After consent is given, the exposed employee’s blood will be tested for HIV, HBV and HCV serological status.

• If the employee does not give consent for HIV serological testing, the baseline blood sample will be preserved for at least 90 days.

• Recommendations by the U.S. Public Health Service will be followed.

• The health care provider who is responsible for administering the vaccine and postexposure evaluation will be given a copy of the OSHA standard.

• After an exposure incident occurs, the health care provider will receive a description of the exposed employee’s job duties relevant to the exposure incident, documentation of the route of exposure and circumstances of exposure, results of the source individual’s blood tests and all relevant employee medical records, including vaccination status.

• The employee will be provided with a copy of the health care provider’s written opinion within 15 days after the evaluation.

• The following health care provider will complete the postexposure evaluations:

*Name \_\_\_\_\_\_*

*Location*

*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone*

*Training*

• Employees who have the potential for occupational exposure to bloodborne pathogens will be trained annually on the requirements of the OSHA standard, symptoms of bloodborne diseases, ways in which bloodborne pathogens are transmitted, how to recognize tasks that might result in occupational exposure and what measures are provided by the company’s Written Exposure Control Plan (which will include receiving a copy of the plan).

*Recordkeeping*

**Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least 3 years. The training records should include:

* the dates of training sessions;
* the contents or a summary of the training sessions;
* the names and qualifications of persons conducting the training; and
* the names and job title of all persons attending the training sessions.

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, “Access to Employee Exposure and Medical Records.” These confidential records are kept in (LOCATION) for at least the duration of employment plus 30 years.

**OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA’s Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by (Name of responsible person or department).

**Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

* date of the injury
* type and brand of the device involved
* department or work area where the incident occurred
* explanation of how the incident occurred.

The log is reviewed at least annually and is maintained for at least 5 years following the end of the calendar year covered.

*Associated Documents*

* Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, 29 CFR 1910.1030 “Occupational Exposure to Bloodborne Pathogens.”
* Occupational Safety and Health Administration. Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards (2003). OSHA Publication 3186-06R 2003. Retrieved from: <https://www.osha.gov/Publications/osha3186.pdf>

**Attachments**

*The following forms are typically prepared for incident and employee documentation:*

A – Exposure Determination Form I

B – Exposure Determination Form II

C – Exposure Incident Checklist

D – Exposure Incident Report

E – Exposed Employee Medical Release Form

F – Source Individual Medical Release/Refusal Form

G – Sample Form Letter To Health Care Provider

H – Bloodborne Pathogens Program Evaluation Record

I – Bloodborne Pathogens Equipment List

J – Hepatitis B Vaccination Declination Statement

K – Bloodborne Pathogens Training Record